



# BIRMINGHAM CHILDREN'S TRUST

## Lateral Flow Tests for Children and Young People in Schools and College Settings

### Introduction

In light of the current pandemic, lateral flow tests for children and young people in schools and college settings are currently being rolled out as part of the Government's drive to contain the virus. However, these tests are not compulsory and when it comes to children and young people, their consent or that of their parent(s)/carer(s), is required.

If the child/young person has capacity, it is acceptable for them to make their own decision about whether to take the test or not. This guidance sets out the requirements needed for this along with those children/young people who do not have capacity and for those whose parent(s)/carer(s) do not have capacity.

Lateral flow tests in the context of this guidance comes under routine medical treatment.

### What is a Lateral Flow Test?

A lateral flow test or lateral flow antigen test is undertaken to identify whether an individual is infectious with the Covid-19 virus. Quite often the individual may have no symptoms. The test involves taking a nose and throat swab sample. This swab detects the Covid-19 antigen which is produced when a person is infected with the virus. The test is usually undertaken under the supervision of testing staff.

If the child/young person has a positive test result they will be asked to follow their school/college's quarantine procedure.

### A Child in Care or About to Become a Child in Care

Written consent should already be in place for a child in our care - see section 3, Consent for Medical Treatment of the [Consents for Children in Care Policy](#).

The Gillick Competency/Fraser Guidelines applies to children and young people on a Care Order. Additionally, the Trust's [Delegated Decision Making Scheme](#) outlines responsibility for decisions being made in respect of lateral flow tests which comes under routine health screening.

Where the child/young person has capacity, their views should always be taken into account as long as they understand the implications of their decision - see [Voice of the Child Practice Guidance](#). Social Workers should therefore respect the wishes of those who do not give consent to a lateral flow test. However, if there are any concerns about their capacity to make such a decision the Gillick Competency/Fraser Guidelines will apply. This is outlined in more detail in the following section.

## Applying the Gillick Competency/Fraser Guidelines

A child should always be encouraged to tell their parent(s)/carer(s) about the decisions they make when it comes to medical interventions. If they do not want to do this, the Social Worker should explore why this is the case and discuss ways in which they can offer support to help them to inform their parent(s)/carer(s). It is acceptable for the Social Worker to talk to the young person's parent(s)/carer(s) on their behalf.

If the child/young person still wants to go ahead without their parent(s)/carer(s) knowledge or consent, the following Gillick and Fraser guidelines should be applied in each circumstance, where applicable:

**Gillick Competency:** The Gillick competency applies if a young person under the age of 16 years wishes to receive treatment without their parent(s)/carer(s), or in some cases, knowledge. It acts as a useful way in which a Social Worker can assess whether a child has the maturity to make their own decisions and to understand the implications of that decision.

If the young person has informed their parent(s)/carer(s) of the treatment they wish to receive but they do not agree with their decision, treatment can still proceed if the child has been assessed as Gillick competent. A note of this should be placed on the child's electronic file.

**Fraser Ruling:** The Fraser ruling applies specifically to vulnerable children. The general rule about consent is that this should be given unconditionally and with full understanding. Where there is an issue around the parent(s)/carer(s) capacity to give consent, the Social Worker should note any issues, for example:

- Whether either parent has learning difficulties or mental health issues;
- Whether there are any issues relating to substance misuse;
- Whether anyone may be putting pressure on the parent to consent;
- Any cultural or religious factors relevant to the parents' understanding and awareness of the implications of giving consent; and
- Whether the parents may wish to set conditions to their consent.

Social Workers should respect the wishes of those who do not give consent, except where the safety to a child may be a risk or when it is inappropriate to seek their agreement. If consent is not given, a record of why it is believed that the child's safety overrides consent must be recorded on their electronic file as well as the reason why it was felt inappropriate to seek the agreement of those with parental responsibility.

## Recording Decisions

Decisions relating to consent must be recorded on the child's electronic file under case notes and headed "Decision for Lateral Flow testing". This should include a note of the conversations which have taken place in order to provide a rationale for the decision. It should include:

- A brief outline of the decision
- The name of the person who made the decision
- Why the decision was taken
- The date

## Additional Guidance

- [NSPCC Gillick competency and Fraser guidelines](#)
- [Consents Practice Guidance](#)